

# CLAIMS ONLY

Application Number

10-635488

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			/			
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45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
Total Indep			2			
Total Depend			10			
Total Claims			12			
51			/			
52			/			
53			/			
54			/			
55			/			
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57			/			
58			/			
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96			/			
97			/			
98			/			
99			/			
100			/			
Total Indep						
Total Depend						
Total Claims						